

County: Oneida  
 FRIENDLY VILLAGE  
 P.O. BOX 857

Facility ID: 3500

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RHINELANDER 54501 Phone:(715) 365-6900  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 140  
 Total Licensed Bed Capacity (12/31/02): 150  
 Number of Residents on 12/31/02: 131

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 127

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		38.9
Supp. Home Care-Personal Care	No					More Than 4 Years		57.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	6.9			3.8
Day Services	No	Mental Illness (Org./Psy)	26.0	65 - 74	11.5			-----
Respite Care	No	Mental Illness (Other)	9.2	75 - 84	31.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.8	85 - 94	42.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	7.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.9		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	12.2	65 & Over	93.1	-----		
Transportation	No	Cerebrovascular	5.3		-----	RNs		11.9
Referral Service	No	Diabetes	9.9	Sex	%	LPNs		6.3
Other Services	No	Respiratory	6.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.8	Male	25.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	74.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care					
		Per Diem			Per Diem			Per Diem			Per Diem			Per Diem			Per Diem	Total Resi- dents	% Of All
Level of Care	No.	%	( \$)	No.	%	( \$)	No.	%	( \$)	No.	%	( \$)	No.	%	( \$)	No.	%	( \$)	
Int. Skilled Care	0	0.0	0	1	1.0	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1
Skilled Care	11	100.0	279	100	97.1	117	0	0.0	0	17	100.0	165	0	0.0	0	0	0.0	0	128
Intermediate	---	---	---	2	1.9	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	11	100.0		103	100.0		0	0.0		17	100.0		0	0.0		0	0.0		131

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally Dependent		Total Number of Residents
Private Home/No Home Health	3.0	Daily Living (ADL)		Independent	One Or Two Staff				
Private Home/With Home Health	3.8	Bathing		9.2	60.3		30.5		131
Other Nursing Homes	1.5	Dressing		15.3	58.8		26.0		131
Acute Care Hospitals	89.4	Transferring		32.8	51.1		16.0		131
Psych. Hosp.-MR/DD Facilities	0.4	Toilet Use		24.4	55.0		20.6		131
Rehabilitation Hospitals	0.0	Eating		75.6	13.0		11.5		131
Other Locations	1.9	*****							
Total Number of Admissions	263	Continence			% Special Treatments				%
Percent Discharges To:		Indwelling Or External Catheter			3.8		Receiving Respiratory Care		13.0
Private Home/No Home Health	41.3	Occ/Freq. Incontinent of Bladder			48.1		Receiving Tracheostomy Care		0.0
Private Home/With Home Health	14.4	Occ/Freq. Incontinent of Bowel			35.9		Receiving Suctioning		0.0
Other Nursing Homes	3.0						Receiving Ostomy Care		0.8
Acute Care Hospitals	15.2	Mobility					Receiving Tube Feeding		1.5
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained			4.6		Receiving Mechanically Altered Diets		25.2
Rehabilitation Hospitals	0.0								
Other Locations	7.6	Skin Care					Other Resident Characteristics		
Deaths	18.6	With Pressure Sores			3.1		Have Advance Directives		73.3
Total Number of Discharges (Including Deaths)	264	With Rashes			6.1		Medications		
							Receiving Psychoactive Drugs		61.8
*****									
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities									
*****									
		This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities
		%	% Peer Group Ratio		% Peer Group Ratio		% Peer Group Ratio		% Peer Group Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		84.4	80.0	1.05	82.4	1.02	83.3	1.01	85.1 0.99
Current Residents from In-County		76.3	73.3	1.04	79.0	0.97	75.8	1.01	76.6 1.00
Admissions from In-County, Still Residing		13.7	19.2	0.71	21.3	0.64	22.0	0.62	20.3 0.67
Admissions/Average Daily Census		207.1	136.0	1.52	130.4	1.59	118.1	1.75	133.4 1.55
Discharges/Average Daily Census		207.9	138.5	1.50	132.8	1.57	120.6	1.72	135.3 1.54
Discharges To Private Residence/Average Daily Census		115.7	59.1	1.96	58.2	1.99	49.9	2.32	56.6 2.05
Residents Receiving Skilled Care		98.5	93.4	1.05	93.4	1.05	93.5	1.05	86.3 1.14
Residents Aged 65 and Older		93.1	95.9	0.97	94.2	0.99	93.8	0.99	87.7 1.06
Title 19 (Medicaid) Funded Residents		78.6	73.2	1.07	73.9	1.06	70.5	1.11	67.5 1.17
Private Pay Funded Residents		13.0	16.8	0.77	17.0	0.76	19.3	0.67	21.0 0.62
Developmentally Disabled Residents		0.8	0.9	0.88	0.8	1.02	0.7	1.06	7.1 0.11
Mentally Ill Residents		35.1	33.7	1.04	34.5	1.02	37.7	0.93	33.3 1.05
General Medical Service Residents		16.8	19.3	0.87	19.0	0.88	18.1	0.93	20.5 0.82
Impaired ADL (Mean)		45.0	46.1	0.98	48.0	0.94	47.5	0.95	49.3 0.91
Psychological Problems		61.8	51.2	1.21	51.4	1.20	52.9	1.17	54.0 1.15
Nursing Care Required (Mean)		6.2	7.2	0.87	6.8	0.91	6.8	0.92	7.2 0.86